



**Ocean County Federation of Republican Women
2024 Barbara Florimont Award
Higher Education Scholarship Program**

Eligibility Criteria

Applicant must be an (1) OCFRW member in good standing or (2) a member in good standing of an Ocean County Republican Club or (3) sponsored by a member of one of these Republican Organizations. The recipient must also be female and an Ocean County resident.

Mission Statement

This scholarship is offered to encourage and reward students who have demonstrated an ability to give back to our community through civic, volunteer, or community activities and events. It is offered to assist the recipient to help them achieve and education in civic/political area such as political science, public administration, municipal government, law or other appropriate fields.

Sponsorship

This scholarship is offered by the Ocean County Federation of Republican Women, a woman's political organization formed to encourage, educate and support Republican women in the political process. We adhere to the highest standards of ethical conduct. We embrace truthfulness and trust. Our focus is on team goals because we believe each of us succeeds individually when we as a team achieve success.

Administration

The scholarship committee of the Ocean County Federation of Republican Women, under the direction of the Executive Board, shall administer the scholarship.

Each year announcements will be distributed by the Municipal Liaisons or mailed to recognized Ocean County Republican Organizations as to when the scholarship applications are available.

Any member or dependent can call the chair of the scholarship committee to request an application.

Following the return deadline, the scholarship committee will review all applications and will notify the recipient directly.

**Ocean County Federation of Republican Women
Scholarship Program**

ELIGIBILITY CRITERIA: Applicant must be an (1) OCFRW member in good standing or (2) a member in good standing of the Ocean County Republican Club (3) or sponsored by a member of one of these Republican organizations. The recipient must also be female and an Ocean County resident.

Club Affiliation: _____

Are you an OCFRW member? _____ yes _____ no

If no, name of Sponsor: _____

Ocean County Federation of Republican Women, INC.
Barbara Florimont Award Higher Education
Scholarship Program

Purpose: To award scholarship funds to a worthy recipient to further their secondary education

Applicant's Full Name: _____

Address: _____

Home Telephone: _____

Age and Date of Birth: _____

Name and Address of School Currently Attending (i.e. high school, college, etc.):

Name and Telephone Number of Guidance Counselor: _____

Expected Date of Graduation: _____

Rank in Class: _____ of _____

Grade Point Average: _____ (0 to 4.0) or percentile average: _____

Number of High School Days Absent or Tardy per Year:

Absent: Fresh _____ Soph _____ Jr _____ Sr _____

Tardy: Fresh _____ Soph _____ Jr _____ Sr _____

List special activities, interests or volunteer work in the community. Indicate name of organization, contact person, telephone number and participation dates:

Outline work experience history. List name of employer, supervisor's name, phone number, full/part time status and dates of employment:

If you are attending college or working and plan to attend college, it is important that you complete the above questions.

List all post-secondary or technical schools to which you have applied or will be applying and the state the school is located. Please indicate the schools that accepted you into their programs.

Father's Name:

Occupation:

Company Name:

Company Address:

Status: Full Time: _____ Part Time: _____ Retired: _____

Mother's Name:

Occupation:

Company Name:

Company Address:

Status: Full Time: _____ Part Time: _____ Retired: _____

Brothers and Sisters:

Name(s)	Age(s)	Occupation or Grade in School
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List of Special Activities and dates in High School or College:

Estimated total costs of school or training for one year for any college that you have applied and are considering attending.

SHORT RESPONSE ESSAY

*****PLEASE attach***** Please describe why you should be considered for the scholarship, including challenges you may have faced, special accomplishments, career goals and aspirations.

Additional Information:

Forward a transcript of your high school or college grades to the address below. This can be obtained through your guidance department. **TRANSCRIPT IS REQUIRED FOR SCHOLARSHIP ELIGIBILITY.**

Certification:

I have read the information in this application and state that it is true and accurate.

Applicant Signature

Date

Parent/Guardian Signature

Date

***Please forward completed application and transcript by
May 10, 2024***

**OCFRW
C/O Noriko Kowalewski
201 Boundary Street
Toms River, NJ 08753**